



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF MINES, MINERALS & ENERGY  
DIVISION OF MINERAL MINING  
900 NATURAL RESOURCES DRIVE, STE. 400  
CHARLOTTESVILLE, VIRGINIA 22903  
(434) 951-6310

**PERMIT/LICENSE APPLICATION**

APPLICATION TRACKING # \_\_\_\_\_

**FOR OFFICE USE ONLY**

PERMIT NO. \_\_\_\_\_

RECEIPT NO. \_\_\_\_\_

DATE ISSUED: \_\_\_\_\_

**OWNERSHIP INFORMATION**

1. Name of Applicant \_\_\_\_\_

2. Office Telephone Number \_\_\_\_\_

3. Mailing Address \_\_\_\_\_

Mine is located \_\_\_\_\_ of \_\_\_\_\_  
(miles) (direction) (town)  
on Public Road No. \_\_\_\_\_ in \_\_\_\_\_ County/City

4. Type of Organization:

- ( ) Sole Proprietorship - Complete questions A,B,C,D,E,F,G,I  
( ) Corporation - Complete questions A,B,C,D,E,F,G,J,K,L,M,N  
( ) Partnership - Complete questions A,B,C,D,E,F,G,H,I  
( ) Other - Complete questions A,B,C,D,E,F,G,H,J

Specify: \_\_\_\_\_

(A) Name, address and telephone number of the Mine \_\_\_\_\_

(B) MSHA ID number of the Mine (if applicable) \_\_\_\_\_

(C) Person with overall responsibility for operating decisions at the mine:

Name/Title \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

(D) Person to be contacted in the event of an accident or emergency:

Name

Address

Telephone

(E) Person with overall responsibility for health and safety at the mine:

Name

Address

Telephone

(F) Person responsible for business operation of the mine:

Name

Address

Telephone

(G) Federal Tax ID Number of Applicant \_\_\_\_\_

(H) List all individuals having any ownership interest in the organization.  
Name/Title Address Telephone

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(I) Trade name, address and telephone number for sole proprietors/partnerships:

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(J) Principal organization officials, corporate officers, directors and members:  
Name/Title Address Telephone

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(K) Corporation name, address and telephone number if different than applicant:

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(L) State of Incorporation \_\_\_\_\_

(M) Registered Agent:  
Name Address Telephone

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(N) If a subsidiary, provide:  
Parent Organization Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ State of Incorporation \_\_\_\_\_

5. Name, address and telephone number of person(s) authorized to sign permit/license documents:  
Name Address Telephone

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6. (A) Have any of the above listed (1) persons, or (2) companies owned, in whole or in part, by said persons, the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization had a mining permit issued by Virginia or any other state revoked? ☐ Yes ☐ No

(b) If yes, give a brief statement of action.

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7. Have any of the persons listed above been convicted of violating any of the following sections: 45.1-161.292:33, 45.1-161.177, 45.1-161.178, and 45.1-161.233 as related to smoking in underground coal mines or tampering with methane detection equipment in underground coal mines?  
( ) Yes ( ) No

If yes, give name of person convicted \_\_\_\_\_

**OPERATIONS INFORMATION**

8. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

9. Mineral to be mined \_\_\_\_\_ Estimated annual production (in tons) \_\_\_\_\_

10. Type of Mine: ( ) Open Pit ( ) Quarry ( ) Underground ( ) Dredge

( ) Dragline ( ) Other (specify) \_\_\_\_\_

**11. COMPLETE EITHER A OR B**

- (A). List all MSHA Federal Identification Numbers issued to the applicant, members of the organization, or any person having 20% or greater ownership interest in the organization.

Identification No.	Status
_____	_____
_____	_____
_____	_____

- (B). List all names under which the applicant and either members of the applicant or any person having 20% or greater ownership interest in the applicant operates a mine which has been issued a MSHA Federal Identification Number.

\_\_\_\_\_  
\_\_\_\_\_

12. List any mining permits of any type held by the applicant in Virginia and the applicable permit identification numbers.

Issuing Authority	Permit No./Identification No.
_____	_____
_____	_____
_____	_____

13. Will explosive storage and blasting be required? ( ) Yes ( ) No

14. Number of employees each shift 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

15. Distance in feet to nearest inhabited building \_\_\_\_\_

16. Does the applicant have the personnel and facilities to provide safety training to its employees?  
( ) Yes ( ) No

17. List any person with an ownership or leasehold interest in the surface land or minerals to be mined.

NAME

ADDRESS

Surface \_\_\_\_\_

Surface \_\_\_\_\_

Mineral \_\_\_\_\_

Mineral \_\_\_\_\_

18. Specify source of applicant's legal right to enter and conduct mining operations on land covered by the permit:

Provide deed book number, page number, parties to the deed or lease, date of execution or provide a copy of the deed or lease.

19. Please provide the following information for any contractors who will be working on the mine site (attach additional sheets as necessary).

Contractor's Trade Name \_\_\_\_\_ DMM # \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_ MSHA ID # (if available) \_\_\_\_\_

Address of Record \_\_\_\_\_

Service to be Provided \_\_\_\_\_

Where at the Mine Will the Work be Provided \_\_\_\_\_

Persons with responsibility for operating decisions:

Name

Address

\_\_\_\_\_  
\_\_\_\_\_

Persons with responsibility for the health and safety of employees:

Name

Address

\_\_\_\_\_  
\_\_\_\_\_

20. List rivers, streams, tributaries or water impoundments on or adjacent to permitted property.

Name of waterway

pH adjacent  
to the mine

Tributary to

\_\_\_\_\_  
\_\_\_\_\_

21. Specify how mine discharge and storm runoff water will be handled to minimize impact on any water courses. (Detail drainage plan attached). \_\_\_\_\_

22. Specify any chemicals or hazardous materials (including petroleum products) which will be used on the mine site and methods to be employed to prevent contamination of land and water resources on or adjoining permitted property.

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**OPERATION/RECLAMATION PLANS**

23. Specify the materials which will be generated by mining operations and the plans for handling and disposal during operations and reclamation.

TYPE OF MATERIAL

DISPOSAL METHOD

Overburden

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Spoil/Waste Minerals

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Scrap Metal

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Scrap Tires

---

Used Oil and Lubricants

---

Trash and Debris

---

Hazardous Material

---

Buildings/Structures

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**PLANS: OPERATION/RECLAMATION/DRAINAGE PLAN**

24. Describe in detail the method of mining, procedures for handling drainage, regrading, and vegetation during active mining and upon completion (attach narrative).

**CERTIFICATION/SIGNATURE**

I, \_\_\_\_\_, state that all the presentations contained in the foregoing  
(Print Name)  
application are true to the best of my knowledge; and that I am (an executive officer), (a general partner), (the sole proprietor), (a legal representative), of the applicant, duly authorized to make this application on its behalf.  
On behalf of the applicant, I hereby authorize the Virginia Division of Mineral Mining to conduct such safety/reclamation inspections as it may deem necessary or as may be required by law on this mining operation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

subscribed and sworn to, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
(Month) (Year)